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TELEFAX

Date: May 2, 2005 Total pages: 25 with fax cover

To: USPTO Telephone: Telefax: 703-872-9306

From: Patrea L. Pabst Telephone: 404-879-2151 Telefax: 404-879-2160

Our Docket No. ICI 101 Client/Matter No. 088316/00002

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MESSAGE:

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Hans Josef Stauss and Liquan Gao

Serial No: 09/625,963 Art Unit: 1644

Filed: July 26, 2000 Examiner: Francois VanderVegt

For: *IMMUNOTHERAPEUTIC METHODS USING EPITOPES OF
WT-1 AND GATA-1*

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OJPE/JCWS

Attachments: Transmittal Form; Fee Transmittal; Petition for Extension of Time;
Notice of Appeal; Amendment After Final; Declaration Under 37 CFR 1.131

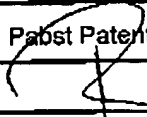
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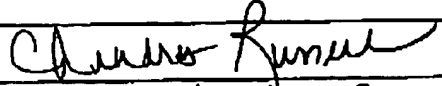
PTO/SB/21 (09-04)
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TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i>	Application Number	09/625,963
	Filing Date	07/26/2000
	First Named Inventor	Hans Josef Stauss
	Art Unit	1644
	Examiner Name	Francois VanderVegt
Total Number of Pages in This Submission	Attorney Docket Number	ICI 101

ENCLOSURES (Check all that apply)		
<input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input checked="" type="checkbox"/> Amendment/Reply <input checked="" type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53	<input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation <input type="checkbox"/> Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD	<input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input checked="" type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Declaration under 37 CFR 1.131
Remarks		

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT			
Firm Name	Pabst Patent Group LLP		
Signature			
Printed name	Patrea L. Pabst		
Date	May 2, 2005	Reg. No.	31,284

CERTIFICATE OF TRANSMISSION/MAILING			
I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below:			
Signature			
Typed or printed name	Ronna Bernah Chandra Russell	Date	May 2, 2005

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4918). <h2 style="margin: 0;">FEE TRANSMITTAL</h2> <h3 style="margin: 0;">For FY 2005</h3>		Complete if Known	
<input type="checkbox"/> Applicant claims small entity status. See 37 CFR 1.27		Application Number	09/625,983
		Filing Date	July 26, 2000
		First Named Inventor	Hans Josef Stauss
		Examiner Name	Francois VanderVegt
		Art Unit	1644
		Attorney Docket No.	ICI 101
TOTAL AMOUNT OF PAYMENT (\$) 1520.00			

METHOD OF PAYMENT (check all that apply)

Check
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 None
 Other (please identify): _____

Deposit Account
 Deposit Account Number: 50-3129
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For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

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FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid (\$)
	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	Fee (\$)	Small Entity Fee (\$)	
Utility	300	150	500	250	200	100	_____
Design	200	100	100	50	130	65	_____
Plant	200	100	300	150	160	80	_____
Reissue	300	150	500	250	600	300	_____
Provisional	200	100	0	0	0	0	_____

2. EXCESS CLAIM FEES

Fee Description	Fee (\$)	Small Entity Fee (\$)
Each claim over 20 or, for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180

Total Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)** **Multiple Dependent Claims**
5 - 35 or HP = _____ x _____ = _____ **Fee (\$)** **Fee Paid (\$)**
 HP = highest number of total claims paid for, if greater than 20

Indep. Claims **Extra Claims** **Fee (\$)** **Fee Paid (\$)**
1 - 5 or HP = 0 x _____ = _____ _____ _____
 HP = highest number of independent claims paid for, if greater than 3

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee (\$)	Fee Paid (\$)
_____	_____	_____ / 50 = _____ (round up to a whole number)	_____ x _____ = _____	_____

4. OTHER FEE(S)

Description	Fee (\$)	Fees Paid (\$)
Non-English Specification,	\$130 fee (no small entity discount)	_____
Other: three month extension of time; Notice of Appeal		<u>\$1520.00</u>

SUBMITTED BY		
Signature	Registration No. 31,284 (Attorney/Agent)	Telephone (404) 879-2151
Name (Print/Type) Patrea L. Pabst		Date May 2, 2005

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